



Tucson Police Department

Attorney Interview Request Fax Service

Instruction Sheet
Fax (520)791-4831

Administrative Resources Section
Court Liaison
270 S. Stone Ave., Tucson, AZ. 85701-1917
Office (520) 791-4881

If you are requesting officers assigned to surveillance or Major Offender Units you must request your interview through the County Attorneys office, 740-5600. No fax cover sheet is necessary when submitting this form.

You are permitted to make a copy of this self-explanatory form. Simply complete by typing or printing legibly the required information and fax it back to the Court Liaison Officer. Once you fax the attorney interview request to our office keep the original for your records.

If you do not have access to a fax machine we will mail you the proper form. This process is the only way you are able to schedule an interview with one of our members.

The following is an explanation and instructions on how to fill out the attorney request form:

Date faxed The date you submitted this form

Fax received by Court Liaison Office Leave blank/For office use only

Div. <i>For office use only</i>	Member: <i>Last name</i>	PR#: <i>Payroll/Badge Number</i>	Attorney: <i>Your name</i>	Phone #: <i>Your telephone</i>	Address: <i>Your address</i>	
Case #: <i>Tucson Police Report number only.</i> <i>No court docket numbers</i>		Defendant: <i>Your clients name</i>		Senders return FAX line: (520) <i>Your return FAX number</i>		Request: 1 2 3 4 <i>Circle request number</i>
Additional comments: <i>Your notes that are submitted directly to the Member</i>						

Notified by: Leave blank/For office use only

PR # Leave blank/For office use only

Tucson Police Department

Attorney Interview Request

This form is used exclusively by the Tucson Police Department for pre-trial interviews. If you are requesting officers assigned to surveillance or Major Offenders Units, you must request your interview through the County Attorneys Office. Subpoenas will not be accepted via fax. Subpoenas must be served at the police facility where the member works (*General Order 2831*). If you request confirmation please submit a return addressed routing slip.

The Members listed below should, in accordance with *General Orders 2814* for pre-trial interviews, contact the listed attorney within five (5) working days to schedule an interview.

Date faxed _____

Fax received by Court Liaison Office _____

Div.	Member:	PR#:	Attorney:	Phone #:	Address:
Case #:		Defendant:		Senders Return FAX line: (520)	
				Request: 1 2 3 4	
Additional Comments:					
Div.	Member:	PR#:	Attorney:	Phone #:	Address:
Case #:		Defendant:		Senders Return FAX line: (520)	
				Request: 1 2 3 4	
Additional Comments:					
Div.	Member:	PR#:	Attorney:	Phone #:	Address:
Case #:		Defendant:		Senders Return FAX line: (520)	
				Request: 1 2 3 4	
Additional Comments:					
Div.	Member:	PR#:	Attorney:	Phone #:	Address:
Case #:		Defendant:		Senders Return FAX line: (520)	
				Request: 1 2 3 4	
Additional Comments:					

Notified by: _____ PR # _____